**Whistleblowing Report Form**

If you wish to report a whistleblowing concern, please complete this Form and return it together with photocopies of all relevant supporting documents\* to the Senior Internal Audit Manager of the Insurance Authority (“IA”) by:

Post\* / In Person: Insurance Authority

19/F, 41 Heung Yip Road

Wong Chuk Hang

Hong Kong

(Attn: Senior Internal Audit Manager)

Email: [whistleblowing@ia.org.hk](mailto:whistleblowing@ia.org.hk)

(if the case involves the Senior Internal Audit Manager, please address your report to the address listed above or through email: [ia-secretariat@ia.org.hk](mailto:ia-secretariat@ia.org.hk))

*\* It should be sent in a sealed envelope marked “Strictly Private and Confidential – To be opened by the addressee only”*

|  |  |
| --- | --- |
| **1. Personal Particulars:** | |
| Name#:  ***(****Mr / Mrs / Ms / Miss\*\*)*  *\*\*please delete as appropriate*  *# The IA accepts anonymous reports, provided that these reports contain sufficient information to allow the investigating party to conduct an effective investigation* | |
| Correspondence Address: | |
| Email Address: | Contact Number: |
| **2. Person(s) that you wish to report:**  *(Please, as far as you can, provide information (e.g. full name, department, position, etc.) about the party (or parties) against which the report is made.)* | |
| **3. Details of Concerns:** *(Please, as far as you can, provide full details, such as names of persons involved, dates, places and reasons for the concerns. Please attach separate sheets if necessary)* | |
| **4. List of Supporting Documents:**  *(Please enclose photocopies of all supporting documents related to the concern)* | |
| **5. Personal Information Collection Statement**  *The personal data provided under this policy will be used to investigate the relevant reported concern. The personal data will only be used for the aforesaid purpose or where permitted by law. The Whistleblower is entitled under the Personal Data (Privacy) Ordinance to ascertain whether Insurance Authority holds personal data relating to the Whistleblower, and to request access to or to request the correction of any personal data relating to the Whistleblower held by Insurance Authority, in the manner subject to the limitations prescribed therein. All enquiries should be directed in writing to the Personal Data Privacy Officer of the Insurance Authority at 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong.* | |
| **6. Declaration and Signature**    I / We hereby declare that the information provided is true and correct to the best of my knowledge.  *If you / your company wish to appoint an authorised person to handle your case on your behalf, please complete the following:*  I / We authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) to handle my / our case on my / our behalf, including but not limited to, submit information, communicate with the IA regarding my / our case, and receive information and documents (which may include sensitive information and, where applicable, personal data relating to me / us) from the IA. | |
| **Authorised Person’s Particulars:** | |
| Contact Number: |  |
| Correspondence / Email Address: |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the Whistleblower / Authorised signatory and company chop  for and on behalf of company  Name:  Title:  Date:  (MM/DD/YYYY) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the Authorised Person    Name:  Date:  (MM/DD/YYYY) |
| **For Official Use Only**  Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |